



Local Agency Quarterly Report of Amounts Credited as DBE Participation

Quarter (1st, 2nd, 3rd, 4th) or Final _____ of Year _____		Federal Aid Number	
		Federal Employer I.D. Number	
Contractor		Agency	
DBE Participant Name and Federal Employer I.D. Number	Contract Type	Date of Payment	*Dollar Credit Amount
Contract Type: S = Subcontractor A = Agent M = Manufacturer R = Regular Dealer J = Joint Venture V = Service Provider			
I, the undersigned, do hereby certify that in connection with all work on the project for which this statement is submitted, each DBE participant contracted by me has been paid on the dates shown. *Further, I certify that the amounts shown under "Dollar Credit Amount" are in accordance with the " DBE Eligibility " portion of the DBE Special Provision.			
Signature _____ Title _____			

**This form is due on the 20th of the month following the end of the respective
Quarter (April, July, October, January).**